

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Developmental Disabilities

**HEALTH CARE SERVICES
QUARTERLY NURSING REVIEW**Annual nursing assessment
reviewed? ☐ Yes ☐ No

CLIENT'S NAME (Last, First, M.I.)		MEMBER NO.	
CONTACT DATE		AHCCCS:	ASSISTS:
SUPPORT COORDINATOR'S NAME		cc <input type="checkbox"/>	
PRIMARY CARE PHYSICIAN'S NAME		PHONE NO.	

CURRENT NURSING SERVICES

AGENCY'S NAME	AGENCY CONTACT'S NAME	PHONE NO.
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HN1	HHA	NURSING RESPITE	HHA RESPITE
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TASKS	FREQUENCY	N/A	TASKS	FREQUENCY	N/A
SVN		<input type="checkbox"/>	WOUND CARE		<input type="checkbox"/>
CPT		<input type="checkbox"/>	SHUNT MONITORING (complex)		<input type="checkbox"/>
Deep SXN		<input type="checkbox"/>	NG TUBE		<input type="checkbox"/>
TRACH CARE		<input type="checkbox"/>	CENTRAL LINE / TPN		<input type="checkbox"/>
PULSE OX		<input type="checkbox"/>	INJECTIONS		<input type="checkbox"/>
APNEA MONITOR		<input type="checkbox"/>	CATHETERIZATION		<input type="checkbox"/>
OXYGEN		<input type="checkbox"/>	URINARY CATH IRRIGATION		<input type="checkbox"/>
CPAP/BiPAP		<input type="checkbox"/>	OSTOMY/STOMA CARE (complex)		<input type="checkbox"/>
MEDS		<input type="checkbox"/>	SYSTEMS ASSESSMENT		<input type="checkbox"/>

HEALTH ISSUES/QUALITY MANAGEMENT

LAST PCP VISIT	ILLNESS/INFECTIONS THIS QUARTER
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SPECIALIST'S VISIT

MED CHANGES	IMMUNIZATIONS
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CURRENT WEIGHT	PREVIOUS WEIGHT	SURGERIES THIS QUARTER
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CHANGE IN SEIZURES	HOSPITALIZATIONS/ER VISITS THIS QUARTER
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COMMENTS

DDD NURSE'S SIGNATURE	PHONE NO.
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Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disability Act of 1990 (ADA), *Section 504 of the Rehabilitation Act of 1973*, and the *Age Discrimination Act of 1975*, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.